

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Experiences of physiotherapists involved in frontline management of patients with COVID-19 in Nigeria: a qualitative study
AUTHORS	Igwesi-Chidobe, Chinonso N.; Anyaene, Chiamaka; Akinfeleye, Adegoke; Anikwe, Ernest; Gosselink, Rik

VERSION 1 – REVIEW

REVIEWER	Fanuel Bickton Malawi-Liverpool-Wellcome Trust Clinical Research Programme, Lung Health Research Group
REVIEW RETURNED	26-Dec-2021

GENERAL COMMENTS	<p>I agree with authors that little is known from published literature on Africa about the roles and experiences of physios in COVID-19 management. Therefore, the authors should be commended for conducting this study which makes an important contribution to a dearth of literature. The manuscript is data-comprehensive and generally well written.</p> <p>Below are some of the issues the authors may consider addressing:</p> <p>1. TITLE PAGE: The running shorthand “Frontline physiotherapists” is not very informative – authors can consider adding more words, without exceeding the journal’s recommended maximum number of characters.</p> <p>2. ABSTRACT</p> <ul style="list-style-type: none">• The sections “design”, “setting”, and “participants” could be combined into section called “Methods” and be written in prose and full sentences.• The following sentence under “Results” section is not grammatically sound: “However, discriminatory experiences drove some of these physiotherapists out of remaining involved 47 in managing COVID-19 patients in the frontline.” – I suspect a missing word after “remaining”. <p>3. STRENGTHS AND LIMITATIONS OF THIS STUDY</p> <ul style="list-style-type: none">- this section should be specifically about the strengths and limitation of the methods used in the study, not a summary of the study.- Therefore, I found the first three points under this section less clear/specific about study strengths or limitations, e.g., why was it a strength or limitation for this study to have used “individual interviews” (with a comparison to, e.g., focus groups or survey questionnaires, in mind).- I would avoid “This is the first qualitative study of physiotherapists involved in managing COVID-19 patients in the frontline in any Africa country” unless the authors were 100% sure that there were no similar studies within Africa, unpublished and published (e.g., https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8661111/), that might have been conducted.- As per journal format guidelines, points under this section should
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	<p>be restricted to single lines.</p> <ul style="list-style-type: none"> - Limitations of the study are not mentioned (i.e., (1) for a country with the largest geographical size and population, and presumably largest number of physiotherapists, I find a sample size of 8 participants to be too small. (2) the telephone nature, rather than face-to-face nature, of the interviews – you might not have been able to observe participants' body language to match what they said, etc). <p>4. STUDY SETTING – This section of the main body mentions “states” in Nigeria – it would be good for authors to give us a better picture of these states including many and large (populations sizes) they are, as well as the Nigerian population of physiotherapists, so that the audience can have a good idea of how representative or limited the study was in terms of its sample size.</p> <p>5. DATA ANALYSIS</p> <ul style="list-style-type: none"> • this section also includes data management – I would rephrase it as “Data management and analysis”. • I would also specify which authors (using the initials) did what at each stage of the analysis, e.g., how many and which authors transcribed how many interviews each? – this will show the audience t what extent each author contributed to the study. • “An inductive approach to coding data was used.” – I would provide a reference for it. <p>6. Table 2 should be made clear – it should have additional column or row with the subheadings “Themes” and “Subthemes” to distinguish hierarchy of table text.</p> <p>7. In the IMPLICATIONS section, authors would be more specific on the ways of addressing the challenges facing physiotherapists in Nigeria, e.g., would advocacy be increased? Would it be through public awareness campaigns about physiotherapy via public media platforms such as the radio, newspapers, or demonstrations in the streets? Would “interprofessional education” during the undergraduate training of health professionals, that would potentially later translate into a more inclusive healthcare system? Who should support these physiotherapists materially and psychologically? The government?</p>
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REVIEWER	Andrea Sturm Interuniversity College for Health and Development Graz
REVIEW RETURNED	21-Feb-2022

GENERAL COMMENTS	<p>To the authors:</p> <p>Thank you for inviting me to review this manuscript. This is important research from an area little is known about, and I look forward to see this work published. I identified a few points that may strengthen the manuscript if addressed. Literature as mentioned below is only a non-binding suggestion.</p> <p>Abstract</p> <p>p.4 line 36: Please ensure the use of consistent terminology within the different fields of physiotherapy (neurological physiotherapist instead of neurophysiotherapist). See also Table 1, and in later sections of the manuscript.</p> <p>Strengths and limitations p.5</p> <p>Please review this section. Currently it contains rather information about the methods used than discussing strengths and limitations of the research.</p> <p>Introduction</p> <p>The introduction is well written and provides strong arguments for the need for this study. SARS-CoV is not an entirely new virus to the world. Currently, there has been no consideration of related research among healthcare workers (HCWs) e.g. investigating</p>
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	<p>psychosocial and psychological effects of the earlier SARS-CoV(1) pandemic outbreak in 2002/2003 (as discussed from a global perspective by Sim & Chua, 2004). Related to COVID-19/SARS-CoV2 frontline HCWs and HCWs with low social support in hospital settings were reported having the worst outcomes pertaining to psychological stress (Sanghera, 2020). As physiotherapists in acute COVID-19 treatment settings are not islands but interdisciplinary team-members, such information from other research might be relevant, even if not based on qualitative study designs. Furthermore in the treatment of patients hospitalised due to SARS-CoV a multidisciplinary approach is both recommended and common to ensure best possible health outcomes of patients (Crăciun, 2021, Pedersini et al., 2020), and deserves more attention. The introduction needs some consideration of such existing knowledge and/or research, albeit brief, to better contrast what 'actually is' in Nigeria's healthcare system vs. 'what ought to be', and to provide an optimal context for the reader's understanding.</p> <p>Methods</p> <p>p.8 line 129: Braun & Clarke refuse the idea that codes and themes 'emerge' from the data, but stress the researcher plays an active role in interpreting codes and themes, when identifying those relevant to the research question(s). As the authors refer to their method it might be appropriate to keep the terminology consistent.</p> <p>Results</p> <p>Please review the entire results section for correct and consistent line spacing, especially in relation to participants' quotes. This is just a personal observation – the reported experiences, broadly ranging from relying just on personal/religious values due to a lack of professional, psychological and institutional support, to personal (moral) agency and perceived high professional responsibility to join the COVID-19 healthcare teams, to discrimination within the interdisciplinary workforce, comprise also ethical dimensions that were interesting to learn about.</p> <p>Discussion</p> <p>The authors discuss their findings and link back to the information provided in the introduction, but also address new aspects such as rivalry among health professionals, which is somehow surprising for the reader at that point. Perhaps this aspect could be addressed briefly in the introduction related to interdisciplinary team-work.</p> <p>p.24 line 589: Lack of PPE was reported by Burki (2020) for all world regions, and contributed to high burden of infections and death among hospital HCWs.</p> <p>p.25 line Related with the discriminatory experiences of the participating Nigerian physiotherapists are findings reported in other studies such as a lack of recognition of role and position of physiotherapists in healthcare, by government or society, (Barth et al., 2021; Mamin & Hayes, 2018; Sturm et al, 2022), which could support the results of this study.</p> <p>p.26 line 617 Scarce resources were identified as the most often experienced ethical issue by physiotherapists globally (Fryer et al., 2021).</p> <p>p.27 line 660 Can the authors provide reference(s) for this?</p> <p>Strengths and limitations</p> <p>p.28 line 691 Considering a population of 211 million people in Nigeria and 790 member physiotherapists according to the World Physiotherapy website, with only a few working in COVID-19 frontline services during the time of data collection, this is still an acceptable ratio.</p> <p>Implications</p> <p>p.29 line 696 Advocacy for physiotherapy – how by whom?</p>
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	Education of the public, other healthcare professionals or government about the scope of respiratory physiotherapy and management of patients with COVID-19 by the Nigerian National Physiotherapy Association or/and individual physiotherapists? Useful approaches for professional advocacy were e.g. reported by Pedersini et al. (2020) from Italy and Barth et al (2021) from a cross-cultural perspective.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Mr. Fanuel Bickton, Malawi-Liverpool-Wellcome Trust Clinical Research Programme, University College London

Comments to the Author:

I agree with authors that little is known from published literature on Africa about the roles and experiences of physios in COVID-19 management. Therefore, the authors should be commended for conducting this study which makes an important contribution to a dearth of literature. The manuscript is data-comprehensive and generally well written.

Below are some of the issues the authors may consider addressing:

1. **TITLE PAGE:** The running shorthead “Frontline physiotherapists” is not very informative – authors can consider adding more words, without exceeding the journal’s recommended maximum number of characters.
2. **ABSTRACT**
 - The sections “design”, “setting”, and “participants” could be combined into section called “Methods” and be written in prose and full sentences.
 - The following sentence under “Results” section is not grammatically sound: “However, discriminatory experiences drove some of these physiotherapists out of remaining involved 47 in managing COVID-19 patients in the frontline.” – I suspect a missing word after “remaining”.
3. **STRENGTHS AND LIMITATIONS OF THIS STUDY**
 - this section should be specifically about the strengths and limitation of the methods used in the study, not a summary of the study.
 - Therefore, I found the first three points under this section less clear/specific about study strengths or limitations, e.g., why was it a strength or limitation for this study to have used “individual interviews” (with a comparison to, e.g., focus groups or survey questionnaires, in mind).
 - I would avoid “This is the first qualitative study of physiotherapists involved in managing COVID-19 patients in the frontline in any Africa country” unless the authors were 100% sure that there were no similar studies within Africa, unpublished and published (e.g., <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8661111/>), that might have been conducted.
 - As per journal format guidelines, points under this section should be restricted to single lines.
 - Limitations of the study are not mentioned (i.e., (1) for a country with the largest geographical size and population, and presumably largest number of physiotherapists, I find a sample size of 8 participants to be too small. (2) the telephone nature, rather than face-to-face nature, of the interviews – you might not have been able to observe participants’ body language to match what they said, etc).
4. **STUDY SETTING** – This section of the main body mentions “states” in Nigeria – it would be good for authors to give us a better picture of these states including many and large (populations sizes) they are, as well as the Nigerian population of physiotherapists, so that the audience can have a good idea of how representative or limited the study was in terms of its sample size.

5. DATA ANALYSIS

- this section also includes data management – I would rephrase it as “Data management and analysis”.
- I would also specify which authors (using the initials) did what at each stage of the analysis, e.g., how many and which authors transcribed how many interviews each? – this will show the audience to what extent each author contributed to the study.
- “An inductive approach to coding data was used.” – I would provide a reference for it.

6. Table 2 should be made clear – it should have additional column or row with the subheadings “Themes” and “Subthemes” to distinguish hierarchy of table text.

7. In the IMPLICATIONS section, authors would be more specific on the ways of addressing the challenges facing physiotherapists in Nigeria, e.g., would advocacy be increased? Would it be through public awareness campaigns about physiotherapy via public media platforms such as the radio, newspapers, or demonstrations in the streets? Would “interprofessional education” during the undergraduate training of health professionals, that would potentially later translate into a more inclusive healthcare system? Who should support these physiotherapists materially and psychologically? The government?

Response to reviewer 1

1. TITLE PAGE: I have now edited the running shorthand from “Frontline physiotherapists” to “Frontline physiotherapists managing COVID-19 in Nigeria”. All changes are in red text.
2. ABSTRACT

I have now combined the sections “design”, “setting”, and “participants” into one “Methods” section that are written in full sentences. Changes are in red text.

I have now changed the following sentence under the “Results” section from “However, discriminatory experiences drove some of these physiotherapists out of remaining involved in managing COVID-19 patients in the frontline” to “However, discriminatory experiences made some of these physiotherapists to stop being involved in the management of COVID-19 patients in the frontline”. All changes are in red text.
3. STRENGTHS AND LIMITATIONS OF THIS STUDY

I have now rewritten this section focusing only on the strengths and limitation of the methods used in this study, deleted problematic statements, and made all statements succinct as suggested. All changes are in red text.
4. STUDY SETTING

I have now added further details about the population of Nigeria and the states in Nigeria. I have also now included the population of physiotherapists practising in Nigeria in order to inform an interpretation of the sample size used in this study. This was done taking note of the fact that sample sizes in qualitative research are not required to be representative but rather should reflect a diversity of experiences and opinions. All changes are in red text.
5. DATA ANALYSIS

I have now renamed this section to “Data management and analysis”.

I have now specified the duties of each author using their initials in the data analysis. I have now provided a reference for “An inductive approach to coding data was used.” All changes are in red text.

6. RESULTS

I have now added an additional column to Table 2 with the subheadings “Themes” and “Subthemes” to distinguish the results that are themes and subthemes. All changes are in red text.

7. IMPLICATIONS

I have now been more specific with suggestions on how to address the challenges facing physiotherapists in Nigeria, taking into consideration your specific suggestions. All changes are in red text.

Reviewer: 2

Reviewer: 2 [PLEASE SEE BELOW AS WELL AS ATTACHED FILE FOR COMMENTS FROM REVIEWER 2]

Ms. Andrea Sturm, Interuniversity College for Health and Development Graz
Comments to the Author:

Thank you for inviting me to review this manuscript. This is important research from an area little is known about, and I look forward to see this study published.

Abstract

Please ensure the use of consistent terminology within the different fields of physiotherapy (neurological physiotherapist instead of neurophysiotherapist). See also Table 1, and in other sections of the manuscript.

Strengths and limitations p.5

Please review this section. Currently it contains rather information about the methods used than discussing strengths and limitations of the research.

Introduction

The introduction is well written and provides strong arguments for the need for this study. SARS-CoV is not an entirely new virus to the world. Currently, there has been no consideration of related research among healthcare workers (HCWs) e.g. investigating psychosocial and psychological effects of the earlier SARS-CoV-1 pandemic outbreak in 2002/2003 (e.g. as discussed from a global perspective by Sim & Chua, 2004). Physiotherapists in acute COVID-19 treatment settings are not islands but interdisciplinary team-members, therefore findings from other research might be relevant, even if not based on qualitative study designs. Related to the current COVID-19/SARS-CoV-2 pandemic frontline HCWs and HCWs with low social support in hospital settings were reported as having the worst outcomes pertaining to psychological stress (Sanghera, 2020). A multidisciplinary approach in the treatment of patients hospitalised due to SARS-CoV is both recommended and common to ensure best possible health outcomes of patients (Crăciun, 2021, Pedersini et al., 2020),

and deserves more attention. The introduction needs some consideration of such existing knowledge and/or research, albeit brief, to better contrast what 'actually is' in Nigeria's healthcare system vs. 'what ought to be', and to provide an optimal context for the reader's understanding.

Methods

p.8 line 129: Clarke & Braun refuse the idea that codes and themes 'emerge' from the data, but stress that the researcher plays an active role in interpreting codes and themes, when identifying those relevant to the research question(s). As the authors refer to their method it might be appropriate to keep the terminology consistent.

Results

Please review the entire results section for correct and consistent line spacing, especially in relation to participants' quotes.

This is just a personal observation – the reported experiences of the physiotherapists, as broadly ranging from relying just on personal/religious values due to a lack of professional, psychological and institutional support, to personal (moral) agency and perceived high professional responsibility to join the COVID-19 healthcare teams, to discrimination within the interdisciplinary workforce, comprise also ethical dimensions that were interesting to learn about.

Discussion

The authors link back to the information provided in the introduction, but also address new aspects such as rivalry among health professionals, which is somehow surprising for the reader at that point. Perhaps this aspect could be addressed briefly in the introduction related to interdisciplinary team-work?

p.24 line 589: Lack of PPE was reported by Burki (2020) for all world regions, and contributed to high burden of infections and death among hospital HCWs.

p.25 line: Related with the discriminatory experiences of the participating Nigerian frontline physiotherapists are findings reported in other studies such as a (general) lack of recognition of role and position of physiotherapists in healthcare, either by other healthcare professionals, government or society, (e.g. Barth et al., 2021; Mamin & Hayes, 2018; Sturm et al, 2022), which could support the discussion of this study.

p.26 line 617: In general, scarce resources were identified as the most often experienced ethical issue by physiotherapists globally (Fryer et al., 2021).

p.27 line 660: Can the authors please provide reference(s) for this?

Strengths and limitations

p.28 line 691: Considering a population of 211 million people in Nigeria and 790 member physiotherapists according to the World Physiotherapy website with only a few of them working in COVID-19 frontline services during the time of data collection this still seems to be an acceptable ratio, reflecting the Nigerian 'reality'.

The study highlighted the challenging and even frustrating work-conditions of physiotherapists in the frontline healthcare of the COVID-19 pandemic in the African region, and was mainly conducted by local researchers with roots in the system, which are other strengths, even if the findings may not be generalised because of the sample size.

Implications

p.29 line 696: Advocacy for physiotherapy involvement in COVID-19 management – how could this be done specifically and by whom?

Implications

p.29 line 696 Advocacy for physiotherapy – how by whom? Education of the public, other healthcare professionals or government about the scope of respiratory physiotherapy and management of patients with COVID-19 by the Nigerian National Physiotherapy Association or/and individual physiotherapists? Useful approaches for professional advocacy were e.g. reported by Pedersini et al. (2020) from Italy and Barth et al (2021) from a cross-cultural perspective.

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Response to reviewer 2

Abstract

I have now changed the term ‘neurophysiotherapist’ to ‘neurological physiotherapist’ in the abstract, Table 1, and throughout the manuscript. These are highlighted in red text.

I have now rewritten the Strengths and limitations section (immediately after the abstract) to address specifically strengths and limitations of the methods used in this study. These are highlighted in red text.

Introduction

I have now improved the introduction section by adding the discussion of the psychosocial impact of COVID-19 on physiotherapists and adding the recommendation of the need for multidisciplinary management of COVID-19 which were discussed by Sim & Chua, 2004, Sanghera, 2020, Crăciun, 2021, and Pedersini et al., 2020. Their citations have now been included in the introduction section. All changes are in red text.

Methods

I have now changed the phrase ‘...when no new themes emerge...’ to ‘...when no new themes were identified...’. This change is highlighted in red text.

Results

I have now reviewed the entire results section and used consistent line spacing throughout the results section and the rest of the manuscript.

Thank you for the comments: 'This is just a personal observation – the reported experiences of the physiotherapists, as broadly ranging from relying just on personal/religious values due to a lack of professional, psychological and institutional support, to personal (moral) agency and perceived high professional responsibility to join the COVID-19 healthcare teams, to discrimination within the interdisciplinary workforce, comprise also ethical dimensions that were interesting to learn about.'

Discussion

I have now introduced problems of rivalry among health professionals in Nigeria in the introduction section by adding this paragraph 'Treatment of COVID-19 need to be performed by the efforts of a multidisciplinary team who should all have the same goal of ensuring that patients have improved signs and symptoms and are able to continue their daily activities independently through efficient communication and collaboration. Multidisciplinary efforts are vital in reducing the impact of the acute period of the disease, and treating, rehabilitating and reintegrating people after COVID-19^{5,12}. Unfortunately, the Nigerian health system is plagued by challenges arising from lack of collaborative practice among healthcare professionals, interprofessional conflict and rivalry¹³.' All changes are in red text.

I have now added that the lack of PPE was reported by Burki (2020) for all world regions, and contributed to high burden of infections and death among hospital HCWs in the discussion section. This addition is highlighted in red text.

I have now included discussion on the general lack of recognition of the role and position of physiotherapists in healthcare by individuals, healthcare professionals, government or society, by including the findings of Barth et al., 2021; Mamin & Hayes, 2018; Sturm et al, 2022) and other related studies to the discussion section of the manuscript. This addition is highlighted in red text.

I have now added a statement highlighting that generally scarce resources were identified as the most often experienced ethical issue by physiotherapists globally and cited Fryer et al., 2021 accordingly. This addition is highlighted in red text.

I have now provided references for p.27 line 660 which include reference numbers 6-9 in the reference list. These additional references are highlighted in red within the text.

Strengths and limitations

I have now acknowledged the very few numbers of physiotherapists in Nigeria in the study setting subsection of the methods section as well as in the discussion section, and made additions in line with your suggestions. All changes are in red text.

I have now added your suggestion acknowledging that this study being mainly conducted by local researchers with roots in the healthcare system in Nigeria is another strength of the study. These additions are highlighted in red text within the strengths and limitations subsection of the discussion section.

Implications

I have now added how increased advocacy for physiotherapy could be achieved in Nigeria and by whom. Please see the details which are highlighted red text within the implications for policy, practice, and research subsection of the discussion section. I have added specific details acknowledging your specific suggestions 'Education of the public, other healthcare professionals or government about the scope of respiratory physiotherapy and management of patients with COVID-19 by the Nigerian National Physiotherapy Association

or/and individual physiotherapists? Useful approaches for professional advocacy were e.g. reported by Pedersini et al. (2020) from Italy and Barth et al (2021) from a cross-cultural perspective.

VERSION 2 – REVIEW

REVIEWER	Fanuel Bickton Malawi-Liverpool-Wellcome Trust Clinical Research Programme, Lung Health Research Group
REVIEW RETURNED	04-Apr-2022

GENERAL COMMENTS	Well done for addressing my review comments.
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REVIEWER	Andrea Sturm Interuniversity College for Health and Development Graz
REVIEW RETURNED	03-Apr-2022

GENERAL COMMENTS	<p>Thank you for revising your manuscript based on reviewer comments. The manuscript has significantly improved as a result of these revisions. It provides now ideal information to better understand both the context of the study and the relevance of the study's results. I suggest only a few minor revisions before acceptance of the manuscript for publication. Congratulations to the authors for their important work!</p> <p>Abstract No comments</p> <p>Introduction</p>
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	<p>P5 line 79: Please insert ,up to' 75% of healthcare</p> <p>P5 line 87: Both frontline healthcare workers and healthcare workers with low social support had the worst psychological outcomes. I think this important to include, as your study is about frontline physiotherapists' experiences.</p> <p>Methods</p> <p>P8 line 156: Insert comma in 1,000</p> <p>P10 line 203: Please change to 'explored participants' experiences'</p> <p>Results:</p> <p>P21 line 446: Currently the text reads as if all the participants were stigmatised by physiotherapy colleagues ... , and others. Suggest to insert ,either by physiotherapy colleagues ..., or other' health professional ...</p> <p>Discussion</p> <p>P32 line 665: Fryer et al.'s study identified scarce resources and physiotherapy services not accessible to all people in society as the most frequent ethical issues for physiotherapists in the African region of World Physiotherapy (p7, Table 3), as well as in general globally. I felt including such kind of information could strengthen the paper by providing a wider overall context (this applies for all of the suggested literature. I did not expect the authors to include any literature suggested just to please me as the reviewer, but to inspire them to provide a wider and more inclusive perspective when placing their findings). The way that this work/finding is cited currently does not really fit within this section in the discussion, but seems a bit de-contextualised. Suggest either to drop this reference or to re-consider wording and contextual use.</p> <p>Conclusions</p> <p>P36 line 790: Suggest to include one additional sentence pointing out to the need of supporting and including physiotherapists as full members of interdisciplinary healthcare teams in the management of patients with COVID-19 to be in accordance with international standards of treatment.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 2

Ms. Andrea Sturm, Interuniversity College for Health and Development Graz

Comments to the Author:

Thank you for revising your manuscript based on reviewer comments. The manuscript has significantly improved as a result of these revisions. It provides now ideal information to better understand both the context of the study and the relevance of the study's results. I suggest only a few minor revisions before acceptance of the manuscript for publication. Congratulations to the authors for their important work!

Abstract

No comments

Introduction

P5 line 79: Please insert ,up to' 75% of healthcare

P5 line 87: Both frontline healthcare workers and healthcare workers with low social support had the worst psychological outcomes. I think this important to include, as your study is about frontline physiotherapists' experiences.

Methods

P8 line 156: Insert comma in 1,000

P10 line 203: Please change to 'explored participants' experiences'

Results:

P21 line 446: Currently the text reads as if all the participants were stigmatised by physiotherapy colleagues ... , and others. Suggest to insert ,either by physiotherapy colleagues ..., or other' health professional ...

Discussion

P32 line 665: Fryer et al.'s study identified scarce resources and physiotherapy services not accessible to all people in society as the most frequent ethical issues for physiotherapists in the African region of World Physiotherapy (p7, Table 3), as well as in general globally. I felt including such kind of information could strengthen the paper by providing a wider overall context (this applies for all of the suggested literature. I did not expect the authors to include any literature suggested just to please me as the reviewer, but to inspire them to provide a wider and more inclusive perspective when placing their findings). The way that this work/finding is cited currently does not really fit within this section in the discussion, but seems a bit de-contextualised. Suggest either to drop this reference or to re-consider wording and contextual use.

Conclusions

P36 line 790: Suggest to include one additional sentence pointing out to the need of supporting and including physiotherapists as full members of interdisciplinary healthcare teams in the management of patients with COVID-19 to be in accordance with international standards of treatment.

Responses

Introduction

P5 line 79: I have now inserted 'up to "75%" of healthcare workers in Toronto (Canada)...' This change is in red text.

P5 line 87: I have changed the statement to 'Both frontline healthcare workers and other healthcare workers with low social support had the worst psychological outcomes as you suggested.

Methods

P8 line 156: I have now inserted comma in 1,000

P10 line 203: I have now changed the statement to 'explored participants' experiences' and this is highlighted in red text.

Results:

P21 line 446: I have now added 'either' to the statement and it now reads 'All the physiotherapists reported being stigmatised by either physiotherapy colleagues who were not involved in the frontline management of patients with COVID-19, other health professional colleagues, extended family members, friends, acquaintances, or the general public for fear of contracting the virus from them'. The addition is in red text.

Discussion

P32 line 665: I have now added the statement clarifying that scarce resources and physiotherapy services not being accessible to all people in society as the most frequent ethical issues for physiotherapists in the African region of World Physiotherapy as well as globally. I have now changed the wording of the Fryer et al.'s study to contextualise it to align with our own study. I have also ensured that all the other citations are contextualised to align with our current study. All changes are in red text in the discussion section.

Conclusions

P36 line 790: I have now included one additional sentence pointing out the need to support and include physiotherapists as full members of interdisciplinary healthcare teams in the management of patients with COVID-19 in Nigeria to align with international standards of treatment. This addition is highlighted in red text.

Comment

Reviewer: 1

Mr. Fanuel Bickton, Malawi-Liverpool-Wellcome Trust Clinical Research Programme, University College London

Comments to the Author:

Well done for addressing my review comments.

*** **

Response

None requested.